

# Agency Report of: Public Official Appointments

A Public Document

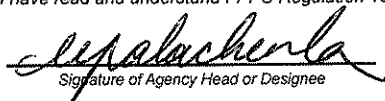
<b>1. Agency Name</b> Local Agency Formation Commission of Santa Clara County		<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable)		
Designated Agency Contact (Name, Title) Emmanuel Abello, LAFCO Clerk		
Area Code/Phone Number 408/299-6415	E-mail emmanuel@abello@ceo.sccgov.org	Date Posted: November 13, 2014 (Month, Day, Year)
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## 2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Cities Service Review Technical Advisory Committee	▶ Name <u>LeZotte, Linda J.</u> (Last, First)  Alternate, if any _____ (Last, First)	▶ <u>06 / 04 / 14</u> Appt Date  ▶ <u>18 months</u> Length of Term	▶ Per Meeting: \$ <u>100.00</u>  ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
Cities Service Review Technical Advisory Committee	▶ Name <u>Kishimoto, Yoriko</u> (Last, First)  Alternate, if any _____ (Last, First)	▶ <u>06 / 04 / 14</u> Appt Date  ▶ <u>18 months</u> Length of Term	▶ Per Meeting: \$ <u>100.00</u>  ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
	▶ Name _____ (Last, First)  Alternate, if any _____ (Last, First)	▶ ____ / ____ / ____ Appt Date  ▶ _____ Length of Term	▶ Per Meeting: \$ _____  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other
	▶ Name _____ (Last, First)  Alternate, if any _____ (Last, First)	▶ ____ / ____ / ____ Appt Date  ▶ _____ Length of Term	▶ Per Meeting: \$ _____  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other

## 3. Verification

I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

	Neelima Palacherla	LAFCO Executive Officer	11/13/2014
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_\_

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## 1. Agency Name

Local Agency Formation Commission of Santa Clara County

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

Emmanuel Abello, LAFCO Clerk

Area Code/Phone Number

408/299-6415

E-mail

emmanuel@abello@ceo.sccgov.org

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California  
Form 806

For Official Use Only

Date Posted:

March 4, 2014

(Month, Day, Year)

## 2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Finance Committee	<p>▶ Name <u>Hall, Sequoia</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>02 / 05 / 14</u> Appt Date</p> <p>▶ <u>1 year</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>
Finance Committee	<p>▶ Name <u>Khamis, Johnny</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>02 / 05 / 14</u> Appt Date</p> <p>▶ <u>1 year</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>
Finance Committee	<p>▶ Name <u>Abe-Koga, Margaret</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>02 / 05 / 14</u> Appt Date</p> <p>▶ <u>1 year</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>
	<p>▶ Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ _____ Appt Date</p> <p>▶ _____ Length of Term</p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>

## 3. Verification

I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

  
Signature of Agency Head or Designee

Neelima Palacherla

Print Name

LAFCO Executive Officer

Title

March 4, 2014

(Month, Day, Year)

Comment: \_\_\_\_\_

FPPC Form 806 (5/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)